

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 0600289 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
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TOTAL IND.	1					
TOTAL DEP.	7	↔	↔	↔		
TOTAL CLAIMS	8	████	████	████	████	████

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TOTAL CLAIMS		████	████	████	████	████	████	████	████	████	████	████